

August 20, 1996

Chris Kearney

Redacted

Dr.

RE: Policy H-493029 & H-538069

Dear Mr. Kearney

We trust that you have received your checks we mailed from our office on August 9, 1996.

We are currently auditing your file and will appreciate your sending us a copy of your personal and business income tax reports for 1995.

Your cooperation is appreciated. A business reply envelope is enclosed for your use.

Sincerely

Phyllis J. Harden  
Claims Analyst  
IHI Administration-4170

PJH/bb

Enc.

2830

Jefferson-Pilot  
Life Insurance Co.  
P.O. Box 21008  
Greensboro, NC 27420

12-17-97

Attention: Mr. Harold Shelton  
Manager, Individual Health Administration

RE: Policy H-493029 & H-538069

Dear Mr. Shelton:

I have some questions concerning your letter of 12-12-97.

It appears to me from your statement concerning "the first five years period of total disability" that Jefferson-Pilot considers me to have been totally disabled for the last five years. I have been working, although not 100%, and have been sending monthly residual disability claims which have been accepted and processed by JP. What page in my policies can I refer to to see JP's view that I am totally disabled and have been for five years? Can you please clarify this for me? Or, is this an oversight?

Also, can you please expound upon the wording in the policy "After you have been totally disabled for a period of five years, you will be considered totally disabled if you are unable to perform the duties of any occupation for which you are qualified for by education, training or experience."?

Does this mean, in your viewpoint, that if I could perform the duties, for instance, of an inside sales job at a machine shop for \$2500.00 per month, that I could not receive any benefits from my policy? This, even though I formerly made \$8166.00 per month before disability? In your viewpoint, is the earnings difference taken into consideration? If I can't perform the duties of a previous job, am I forced to take a lesser paying job with no benefits from my policies? Please let me know JP's position on this situation.

Thank you for your help.

Sincerely,

*Christopher L. Kearney*  
Christopher L. Kearney

2857

**Psychiatric Disability Consultants, Inc.**

**MEMO**

TO: Todd Dittmar  
FROM: Chelsey D. Ugolik  
Consultant - PDC, Inc.  
DATE: December 12, 1997  
RE: Christopher Kearney  
Jefferson Pilot

I have made numerous attempts to contact the insured's treatment providers. Unfortunately, the attempts have proven unfruitful.

It appears that psychiatrist Donna P. Judd has her office out of her home. This conclusion was drawn when information operators confirmed that there was no business office listing for this doctor in Columbus or surrounding areas. The only listing provided was for a 5415 Victoria Park address in Columbus, OH. This is the residential listing for the doctor. A message left for the doctor on 12/5/97 was not returned.

Three calls were placed to the offices of Dr. M. Lehenbauer (of Alliance Primary Care). I spoke with the doctor's assistant, Christine, on two occasions.

On 11/21/97, Christine asked me to give her the questions so that she may relay them to the doctor. (He was not available to speak with me.) I explained the need for me to speak to the doctor directly, telling her that the company would reimburse the doctor for his time. She refused to schedule a time for me to talk to the doctor. She told me that the doctor does not have anything to tell me beyond what is in the session notes in our files because Lehenbauer is not currently treating the insured. She said that Mr. Kearney is under the care of a psychologist.

Christine spoke of the last three times the doctor saw Mr. Kearney:

11/15/97: poison ivy  
12/18/96: all over itching  
(pre-12/96): suture removal

Christine told me that she would tell the doctor I wanted to speak with him and that he might call.

I called Dr. Lehenbauer's office again on 12/5/97. The doctor was not available to speak to me. I talked to Christine and recapped our 11/21/97 conversation. She said that the doctor is very busy due to the holidays, etc. I asked if the doctor received the message that I called and she responded by saying that my

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Chelsey D. Ugolik, Consultant PDC, Inc. 351 Pleasant Street, Box 140 Northampton, MA 01060  
tel: (413) 584-8907 bus. fax: (413) 585-1026 res. fax: (413) 568-2301

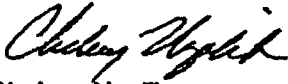
2863

**Psychiatric Disability Consultants, Inc.**

Christopher Kearney File Memo  
Page 2

message with Mr. Kearney's file is on Dr. Lehenbauer's desk—"on the bottom of the pile." I again requested to make an appointment to talk to the doctor. She said that the doctor doesn't make appointments of this nature. I explained that it was important that I speak to the doctor—that his cooperation and information is necessary so that the insured's disability claim would not be negatively affected. She said the doctor was aware of this—that I might hear from him.

Sincerely,



Chelsey Ugolik  
Consultant - PDC, Inc.

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Chelsey D. Ugolik, Consultant PDC, Inc. 351 Pleasant Street, Box 140 Northampton, MA 01060  
tel: (413) 584-8907 fax: (413) 585-1026 res. fax: (413) 568-2301

2864



\*\* TX CONFIRMATION REPORT \*\*

AS OF DEC 04 '97 11:38 PAGE.01

JP IHI

DATE	TIME	TO/FROM	MODE	MIN/SEC	PGS	CMD#	STATUS
05	12/04	11:36 4137471545	EC-S	01'23"	003	164	OK

**FAX Transmittal**

Jefferson-Pilot  
Life Insurance Company  
PO Box 21008  
Greensboro, NC 27420

**Jefferson  
Pilot**

Date 12/4/97**Message To:**Name: Todd D. DymarCompany: DMS.FAX Number: 1-413-747-1545**Message From:**Name: Harold SheltonPhone Number: 910-691-4268Department/Responsibility Center Number: 4170FAX Number: 910-691-4254Number of pages including cover sheet: 3

Message: This is the latest claim report for Chris  
Kearney. This insured is coming up on  
the 5 yr "your acc" on 8/9/98.

BJ-7056 Rev 5-95

2865

**Psychiatric Disability Consultants, Inc.**

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**FILE REVIEW**

TO: Todd Ditmar  
FROM: Chelsey D. Ugolik  
Consultant – PDC, Inc.  
DATE: November 18, 1997  
RE: Christopher Kearney  
Jefferson Pilot

I have completed my review of this Jefferson Pilot claim. The insured is a 45-year old self-employed sales representative claiming residual disability. The insured reported on his Statement for Residual Disability benefits that he has been residually disabled from 2/8/93 to the present.

He has two policies. The policies provide lifetime benefits for his own occupation for five years and any occupation after five years.

It appears from the file that one policy (H-493029) was issued on 5/28/90 which provides for \$3,295 per month, tax-free. Benefits paid under this policy are for a claimed disability date of 2/9/93 for a diagnosis of major depression, chronic and acute.

The second policy (H-538069) was issued on 5/28/91, which provides for residual payments of \$1,600 per month, tax-free. Benefits paid under this policy are for a claimed disability date of 2/5/93 for a diagnosis of lumbosacral spine sprain with suspicion of disc involvement. It appears that this policy is still contestable.

There is reference in the file to a disability date of 11/1/89. There does not appear to be any documentation that supports this date. It is not clear whether there was a prior claimed disability for this date for a policy that was issued prior to the two discussed above or if this is a clerical error.

**CLINICAL INFORMATION**

The basis of disability is not clear. Mr. Kearney does not indicate on his Disability Claim Statement (signed 6/2/97) the basis of his claim. He only indicates that he is not able to spend as many hours working. The Attending Physician Statement signed by therapist Donna P. Judd on 5/28/97 indicates that Mr. Kearney's diagnosis is major depression. Dr. Judd indicates the treatment is cognitive therapy, with no improvement over the last six months. There are no reports or session notes in the file from Dr. Judd.

## **Psychiatric Disability Consultants, Inc.**

Christopher Kearney File Review  
Page 2

Session notes from M. Lehenbauer, M.D. for the period of 3/10/93 – 10/26/94 indicate that there has been "a marked improvement in mood, energy, etc." and stabilization of the insured's dysthymia and anxiety disorder. This was reflected in various session notes. Notes from 3/94 indicate that the insured is vacationing. A note from 5/94 reflects that the insured requested medication for malaria because of a planned trip to Asia. A 9/94 note indicated that the insured was making progress with his counselor and had begun dating again (his divorce from wife, Yoshiko Kearney, became final in 10/94.)

Dr. Lehenbauer's session notes from 5/94 do indicate that Mr. Kearney's functioning is not back to normal, work-wise. This lack of functioning, i.e. decreased productivity is the indicated reason he filed partial disability.

A notation in Dr. Lehenbauer's notes indicates that Mr. Kearney underwent lumbar disc surgery in 10/93.

### **FINANCIAL INFORMATION**

Mr. Kearney's reported income reflected on his individual and corporate (Kearney & Associates) tax returns and W-2's are as follows:

<u>Year</u>	<u>Per W-2s</u>	<u>Per Indiv. Tax Returns</u>	<u>Per Corp. Tax Returns</u>
1992	N/A	N/A	N/A
1993	51,139.27	58,089	28,500 (fy 2/1/93-1/31/94)
1994	22,800	N/A	30,600 (fy 2/1/94-1/31/95)
1995	N/A	29,300	29,300 (fy 2/1/95-1/31/96)

The insured's travel expenses per his tax returns are as follows:

1993: \$7,418  
1994: \$9,481  
1995: \$23,318

Also, an expense for computer training in the amount of \$14,450 was recorded in the insured's 1993 corporate tax return.

The company has indicated to the insured that it is interested in conducting an audit. Mr. Kearney has responded by saying that he does not wish to participate in an audit, claiming that his policy has no such provision.



## **Psychiatric Disability Consultants, Inc.**

Christopher Kearney File Review  
Page 3

### **VOCATIONAL INFORMATION**

It is not clear what Mr. Kearney's occupation is. The only information provided indicates that he is a sales representative related to the manufacturing industry.

His tax returns indicate that he is 100% owner of his business. It appears that the insured's job requires him to travel. The extent to which he must travel is not clear. Dr. Lehenbauer's session notes from 10/94 reflect that Mr. Kearney has made a business decision to decrease his amount of travel.

### **SITUATIONAL FACTORS**

It appears from Dr. Lehenbauer's session notes that Mr. Kearney has experienced some situational factors over the past few years. He indicated during his 11/93 session that he has been in counseling for the past several years (the reason is not clear.) He also said that he has experienced anxiety since 11/92 secondary to work stress: his business is down 30%. Mr. Kearney indicated in a letter to the company that he is relying upon the disability benefits to be paid by the insurance company because his company, Kearney & Associates, has lost 8 of its 10 principals that he had for years prior to his disability. Consequently, he reports that his company's gross income has dropped sharply from an average of \$12,000 per month to less than \$2,000 per month.

Session notes from 1/94 and 2/94 reflect that was in counseling with his wife. They experienced marital stress for several years, which finally lead to divorce.

### **ISSUES AND RECOMMENDATIONS**

1. Given the "any occ." period which begins 2/98, will the insured be eligible for benefits after that point in time? It is apparent that Mr. Kearney is able to work and receive benefits on a residual basis in his own occupation. Would his reported disability rise to the level of meeting the requirements of the definition in his policy to still be covered either totally or partially under "any occ."

We need clarification regarding the insured's occupation. It is not clear what his specific job duties are and whether or not his reported disability precludes him from performing those duties. His activity level at work prior to his

## **Psychiatric Disability Consultants, Inc.**

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Christopher Kearney File Review  
Page 4

disability must be determined in order to evaluate what his current level of functioning is. Has his activity decreased supporting his claim for residual benefits? If his work hours have decreased since his pre-morbid hours worked, is it due to his DI or his losing 8 of his 10 principals? A detail call may provide clarification to these issues.

The insured may also be asked during the detail call regarding his business travel: How much does he travel? To where does he travel? Has his level of travel increased or decreased from year to year? Why or why not? Why did the travel expenses increase dramatically between 1994 to 1995, from \$9,481 to \$23,318? Why did he make the business decision to decrease his amount of travel, per Dr. Lehenbauer's 10/94 session notes? Did he follow through and decrease the amount of travel? How has the traveling affected his back and depression?

2. The activity level of Mr. Kearney has not been completely clarified. It is clear that he is still working. However, it is not known what he does throughout the course of a typical day. What is his schedule? How many hours does he work per day? Dr. Lehenbauer's session notes indicate that the insured is vacationing and dating. However, it is not clear whether this represents a change (or decrease in activity) for Mr. Kearney. Perhaps a detail call can provide answers to these questions.
3. The basis of Mr. Kearney's disability is not clear. It appears from the file that this claim was originally based upon a physical disability, i.e. lumbosacral. However, not much is mentioned in the file in this regard. A session note by Dr. Lehenbauer indicates that the insured underwent back surgery in 10/93. It appears that Drs. Lehenbauer and Donna Judd have treated the insured for major depression and anxiety disorder. A call to both of these doctors may yield some concise information regarding the insured's presenting complaints, diagnoses, treatment rendered, RTW plan (to full-time status) and prognosis. It is not clear whether Mr. Kearney's complaints and diagnoses rise to the level of a vocational impairment. It would also be helpful to learn whether these doctors are still treating the insured.

The doctors may also be able to determine whether Mr. Kearney's activity level, i.e. dating, vacationing, etc., is consistent with his diagnoses and reported disability.

## **Psychiatric Disability Consultants, Inc.**

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Christopher Kearney File Review  
Page 5

4. It may be worth obtaining the treatment records from therapist Donna P. Judd. It is not clear how long she has been treating the insured, what the treatment plan is or whether there is a plan to return the insured to a full time status at work.
5. There are some situational factors that may be affecting Mr. Kearney's activity level at work. These factors may lend to secondary gain issues.

Mr. Kearney and his wife divorced in 10/94. It is not clear whether he is required to pay her any alimony or child support (it is not known whether he has any children). A copy of the divorce decree may provide insight into this question.

Mr. Kearney has reported that his business has suffered a financial loss over the course of the last few years. He reported to Dr. Lehenbauer he was experiencing work stress since 11/92 due to business losses. He has also reported to the insurance company that he has lost 8 of his 10 principals. (Are these clients, investors?) Has Mr. Kearney filed for bankruptcy? Has he downsized his company, i.e. laid off any employees? Has he hired any self-employed sub-reps to help with sales? Has he been involved in any other business ventures? Has he participated in any retraining in an effort to start a new career (was this the computer training expense?) Has the nature of his business changed that has caused a decrease in sales? Perhaps a background check can be done to determine if there is any special licensing required for his occupation and whether there have been any complaints filed against him or his company. Perhaps a check of his banking records could determine the level of account activity. Perhaps a credit check can determine the extent of his financial dealings and activities.

Collateral contacts could be made to his ex-wife, principals, clients, sub-reps, office staff, girlfriends, bankers and accountants in order to obtain answers to some of these questions.

6. Does the insured have any other disability income? Perhaps the SSA received an application for disability.

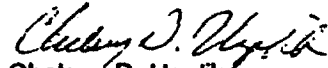
## Psychiatric Disability Consultants, Inc.

Christopher Kearney File Review  
Page 6

7. It is not clear what Mr. Kearney's earnings were in the years prior to his disability. Do the tax records truly reflect a decrease in his level of income? If income loss is established, what is it due to, i.e. any psychiatric condition, change in business climate, etc. It may be worth obtaining his individual and company tax returns for the years prior to his disability claim.

Let's discuss my review and decide on an action plan for this claim.

Sincerely,



Chelsey D. Ugolik  
Consultant - PDC, Inc.

September 18, 1997

Mr. Todd C. Ditmar  
Disability Management Services, Inc.  
1391 Main St.  
Springfield, MA 01103-1619

RE: Policy H-493029 & H-538069 - Christopher Kearney

Dear Todd

As you requested in your letter, dated September 12, 1997, enclosed you will find a copy of policy form WJ-576A, which is the same policy form both of the above insured's policies.

Should you need additional information for your investigation in this matter, please let us know.

Sincerely,

Harold D. Shelton  
Manager, Individual Health Administration  
4170

HDS/bb

2880

Jefferson-Pilot  
Life Insurance Company  
PO Box 21008  
Greensboro, NC 27420  
Bus 910 691 3000

**COPY OF ORIGINAL**

July 8, 1997



Disability Management Service  
1391 Main St.  
Springfield, MA 01103-1647  
Attn.: John Anderson

RE: [REDACTED]  
Policy H-493029 & H-538069 - Christopher Kearney  
[REDACTED]

Dear John

Enclosed is the material from the files on the above 3 insureds, which represents 4 policies in force.

These are cases that you are going to investigate for us to see what can be done either to settle these in an equitable manner to both the reinsurer and to Jefferson-Pilot or to give us further advice on where to proceed.

Thank you for your help in this matter. If you have any questions or need additional information, please let us know.

Sincerely,

Harold D. Shelton  
Manager, Individual Health Administration  
4170

HDS/bb

2892

Christopher L. Kearney

Redacted

Callaghan Nawrocki LLP  
225 Broad Hollow Road  
Melville, New York 11747

2/1/97

Attention: Mr. Ernest Patrick Smith

Dear Mr. Smith:

Concerning my insurance contracts with Jefferson Pilot Insurance Co., it is my understanding that I am required to submit reasonable proof of my current monthly income and previous monthly income. I have regularly and consistently done this by submitting my business and personal tax returns as well as statements from my accountant.

I don't see any provision in my insurance contract giving Jefferson Pilot the right to conduct an audit. Therefore, I do not wish to participate in this audit request.

Very truly yours,

  
Christopher L. Kearney

cc: Charles Mellville, Strauss & Troy

2917

Christopher L. Kearney

Redacted

Callaghan Nawrocki LLP  
225 Broad Hollow Road  
Melville, New York 11747

2/1/97

Attention: Mr. Ernest Patrick Smith

Dear Mr. Smith:

Concerning my insurance contracts with Jefferson Pilot Insurance Co., it is my understanding that I am required to submit reasonable proof of my current monthly income and previous monthly income. I have regularly and consistently done this by submitting my business and personal tax returns as well as statements from my accountant.

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Very truly yours,

  
Christopher L. Kearney

cc: Charles Mellville, Strauss & Troy

2921



***Callaghan Nawrocki, LLP***

***Jefferson Pilot Life Insurance Company***

**STATUS REPORT**

**Insured:** Kearney, Christopher

**Policy Number:** H493029, H538069

**Claim Number:** N/A

**Date of Disability:** November 1, 1989

**Claim Personnel:** J.L. Roberson

**Current Status:** CN sent letters to insured via certified mail. The insured did not respond nor did we receive the return card for the certified letter. As such, we initiated phone contact. The insured indicated that he did not pick up our letter. We faxed the letter and made a follow-up call to the insured. He will be forwarding some of the requested information to our offices. He will contact us next week to establish a field visit date. We suggested January 8, 9 and 10th. The insured's father deceased, yesterday. As such, he is not available on the suggested dates.

**Action Required by CN:** CN will follow-up to set-up a field visit during the month of January 1997.

(Sent via facsimile @ 910-691-4254 - January 4, 1997)

2923

Callaghan Nawrocki PC  
CERTIFIED PUBLIC ACCOUNTANTS

225 Broad Hollow Road  
Melville, New York 11747

516/756-9500

152 West 57th Street  
New York, New York 10019

212/245-1190

**FAX**

Date: 1/4/97  
Number of pages including cover sheet: 2

TO: JL ROBERSON

Phone:

Fax phone: 910-691-4254

CC:

FROM: Ernest P. Smith

Phone: (516) 756-9500

Fax phone: (516) 756-9818

REMARKS: ☐ Urgent ☒ For your review ☐ Reply ASAP ☐ Please comment

#-493029  
#-538069

The pages accompanying this facsimile transmission contain information from Callaghan Nawrocki PC which is confidential and/or privileged. The information is intended to be for the use of the individual(s) or entity(ies) named on this cover sheet. If you are not the intended recipient, be aware that any disclosure, copying, distribution or use of the contents of this information is prohibited. If you have received this facsimile in error, please notify us by telephone (516) 756-9500 immediately and return the original document to us by regular mail.

2924

516 7569818

PAGE.01

JAN 04 '97 14:04

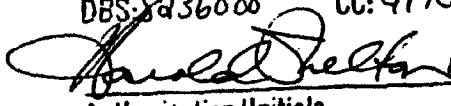
**Psychiatric Disability  
Consultants, Inc**1391 Main St.  
Springfield, MA 01103-1619**Invoice**

DATE	INVOICE NO.
6/18/98	1837

**BILL TO**Jefferson-Pilot Life Assurance Co.  
Harold Shelton  
P.O. Box 21008  
Greensboro, NC 27420

DATES OF SERVICE: 5/1/98 - 5/31/98

H- 538069

DESCRIPTION	HOURS	RATE	AMOUNT
J. Beattie Consultation Services - see attached detail	6.75	90.00	607.50
<p><b>PAYMENT AUTHORIZATION</b></p> <p>CO: 201 DBS: 8236000 CC: 4170</p> <p> 6/26/98            Authorization/Initials Date</p>			
<b>Total</b>			<b>\$607.50</b>

Taxpayer ID# 04-3224679

Pay to: Psychiatric Disability Consultants, Inc.

2945

**Psychiatric Disability  
Consultants, Inc.**1391 Main St.  
Springfield, MA 01103-1619**Invoice**

DATE	INVOICE NO.
6/5/98	1811

<b>BILL TO</b>
Jefferson-Pilot Life Assurance Co. Harold Shelton P.O. Box 21008 Greensboro, NC 27420

<b>DATES OF SERVICE:</b> 4/1/98 - 4/30/98
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*Chris Kearney*  
Policy # *#538069*

DESCRIPTION	HOURS	RATE	AMOUNT
Consultation Services - Janet Beattie	20.75	90.00	1,867.50
<b>EXPENSES:</b>			
March/April Telephone		1.87	1.87
Cab/Parking/tolls/Columbus, OH		62.95	62.95
Hotel Columbus OH		114.97	114.97
<p><b>PAYMENT AUTHORIZATION</b>  CO: 201  DBS: 8436000 CC: 4170  <i>[Signature]</i> 6-17-98  Authorization/Initials Date</p>			

Taxpayer ID# 04-3224679

Pay to: Psychiatric Disability Consultants, Inc.

**Total****\$2,047.29**

2946

**Psychiatric Disability  
Consultants, Inc**1391 Main St.  
Springfield, MA 01103-1619**Invoice**

DATE	INVOICE NO.
5/4/98	1774

<b>BILL TO</b>
<del>For Service</del> Jefferson-Pilot Life Insurance Co. Harold Shelton P.O. Box 21008 Greensboro, NC 27420

<b>DATES OF SERVICE</b>
<b>MARCH 1998</b>

DESCRIPTION	HOURS	RATE	AMOUNT
J. Beattie Consultation Services:			
re: C. Kearney (see attached detail)	4.75	90.00	427.50
<b>EXPENSES:</b>			
Telephone			17.20
JB parking/tolls/RT mileage 3/98		14.16	14.16
<p><b>PAYMENT AUTHORIZATION</b></p> <p>CO: 201</p> <p>DBS: 8236000 CC: 4170</p> <p><i>[Signature]</i> for 5/12/98</p> <p>Authorization/Initials Date</p> <p><i>ERC Paid</i> \$367.00</p>			
Taxpayer ID # 04-3224679 Pay to: Psychiatric Disability Consultants Inc.			<b>Total</b> <b>\$458.86</b>

DMS: Jefferson Pilot

DMS: Jefferson Pilot  
Janet Beattie May 1998 Services

Claimant	Description	Date	Hours
C. Kearney	Report	5/4/98	4.75
C. Kearney	Recommendations	5/6/98	1.75
C. Kearney	Memo/Faxing	5/10/98	0.25
			<u>6.75</u>

2951

J. Beattie Detail of Hours  
PDC, Inc.

DMS: Jefferson Pilot

**DMS: Jefferson Pilot**  
**Janet Beattie April 1998 Services**

<u>Claimant</u>	<u>Description</u>	<u>Date</u>	<u>Hours</u>
C. Kearney	Follow-up	4/1/98	0.5
C. Kearney	Letter to EE	4/7/98	0.75
C. Kearney	Letter to EE	4/8/98	0.5
C. Kearney	T/C w/Insured	4/22/98	1.5
	Prep for meet		
C. Kearney	Meeting	4/25/98	13.5
C. Kearney	Discussion	4/29/98	0.5
C. Kearney	Memo	4/29/98	2.5
C. Kearney	Memo	4/30/98	1
			<u>20.75</u>

2954

J. Beattie Detail of Hours  
PDC, Inc.

**Psychiatric Disability  
Consultants, Inc**1391 Main St.  
Springfield, MA 01103-1619**Invoice**

DATE	INVOICE NO.
3/31/98	1742

**PAST DUE**

<b>BILL TO</b>
Jefferson-Pilot Life Assurance Co. Harold Shelton P.O. Box 21008 Greensboro, NC 27420

DESCRIPTION	HOURS	RATE	AMOUNT
<b>JEFFERSON PILOT:</b>			
Consultation Services 2/98 (see attached detail) @ \$90/hr:			
.5 hrs L.Newell Consultation Services	0.5	90.00	45.00
2.75 hrs C.Ugolik Consultation Services	2.75	90.00	247.50
1.25 hrs J.Beattie Consultation Services	1.25	90.00	112.50
<p><b>PAYMENT AUTHORIZATION</b></p> <p>CO: 201</p> <p>DAS: 8836000 CC: 4170</p> <p><i>[Signature]</i></p> <p>Authorization/Initials Date</p>			

Taxpayer ID# 04-3224679

Pay to: Psychiatric Disability Consultants, Inc.

Any questions call: 413-747-0990 Ext 1157

**Total** \$405.00

2955



DMS: Jefferson Pilot

**DMS: Jefferson Pilot**  
**Janet Beattie March 1998 Services**

<b>Claimant</b>	<b>Description</b>	<b>Date</b>	<b>Hours</b>
C.Kearney	T/C to Todd	3/9/98	0.25
C.Kearney	T/C to insured	3/11/98	0.5
C.Kearney	Discussion w/ Todd	3/11/98	0.25
C.Kearney	File Review	3/14/98	1.25
C.Kearney	File Review	3/18/98	0.5
C.Kearney	T/C to shelton	3/18/98	0.25
C.Kearney	Letter to AP	3/18/98	0.5
C.Kearney	Letter to EE	3/18/98	0.5
C.Kearney	T/C from EE	3/25/98	0.25
C.Kearney	Letter to EE	3/25/98	0.5
<b>Total</b>			<b>4.75</b>

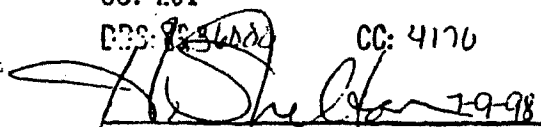
2962

**Psychiatric Disability  
Consultants, Inc**1391 Main St  
Springfield, MA 01103-1619**Invoice**

DATE	INVOICE NO.
2/26/98	1714

<b>BILL TO</b>
Jefferson-Pilot Life Assurance Co. Harold Shelton P.O. Box 21008 Greensboro, NC 27402

**PAST DUE**

DESCRIPTION	HOURS	RATE	AMOUNT
<b>JEFFERSON PILOT</b>			
C.Ugolik Consultation Services @ \$90/hr:			
.25 hrs re: Kearney, Christopher / consult	0.25	90.00	22.50
.25 hrs re: Kearney, Christopher / consult	0.25	90.00	22.50
K.Brennan Consultation Services @ \$90/hr:			
.25 hrs follow-up activity	0.25	90.00	22.50
<p><b>PAYMENT AUTHORIZATION</b></p> <p>CO: 201</p> <p>CC: 8254000 CC: 4176</p> <p> 2-29-98</p> <p>Authorization/Initials Date</p>			
<p>Taxpayer ID# 04-3224679</p> <p>Pay to: Psychiatric Disability Consultants, Inc.</p> <p>Any questions call: 413-747-0990 Ext 1157</p>			<p><b>Total</b></p> <p>\$67.50</p>

2966

**DISABILITY MANAGEMENT SERVICES, INC.**

1391 MAIN STREET  
SPRINGFIELD, MA 01103-1619  
PHONE (413) 747-0990  
FAX (413) 747-1545

---

FACSIMILE TRANSMITTAL SHEET

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TO: *Christopher Kearney* FROM: *James Beattie*  
COMPANY: DATE: *2/11/98*  
FAX NUMBER: *513-769-5885* TOTAL NO. OF PAGES INCLUDING COVER: *(2)*

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NOTES/COMMENTS:

*see 2<sup>nd</sup> page*

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**CONFIDENTIAL**

2968

DMS: Jefferson Pilot

DMS: Jefferson Pilot

*Janet Beattie February 1998 Services*

Claimant	Description	Date	Hours
C.Kearney	File Review	2/11/98	1
C.Kearney	Follow-up	2/25/98	0.25

DMS: Jefferson Pilot

**DMS: Jefferson Pilot**  
**Chelsey Ugolik February 1998 Services**

<b>Claimant</b>	<b>Description</b>	<b>Date</b>	<b>Hours</b>
Kearney, Christopher	Consults	2/10/98	1.25
Kearney, Christopher	Consults, misc.	2/11/98	1.5
<b>Total</b>			<b>2.75</b>

2970

C.Ugolik Detail of Hours  
PDC, Inc.

DMS: Jefferson Pilot

**DMS: Jefferson Pilot**  
***Lisa Newell February 1998 Services***

<b>Claimant</b>	<b>Description</b>	<b>Date</b>	<b>Hours</b>
Kearny, Christopher	consult, t/c re: SPAN	2/10/98	0.5

2971

L.Newell Detail of Hours  
PDC, Inc.

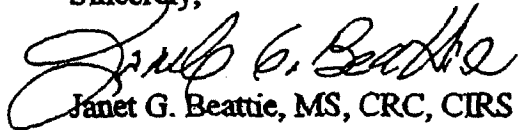
**Psychiatric Disability Consultants, Inc.**

Mr. Kearney,

I am a consultant for your disability carrier, Jefferson Pilot. I am trying to contact you to schedule an appointment to meet with you. Please contact me at your earliest convenience. I may be reached today, Wednesday, February 11, 1998, at 413-747-0990, extension 144 until 5:00 EST. (Please do not leave a message at this extension. If I am not available at extension 144, please leave a message at extension 131.) I am available for calls on Wednesdays from 9:00-5:00.

Thank you for your cooperation in this matter.

Sincerely,

  
Janet G. Beattie, MS, CRC, CIRS  
PDC, Inc.

2972

Janet G. Beattie P.O. Box 610434 Newton, MA 02161 Tel: 617-332-1774 Fax: 617-965-8221

VERSION: 1.0.3

## Bill for Services Rendered

**Claimant Information**

**State :** OH

Account Number : 502110000  
Account Name : Jefferson Pilot Life Insurance  
Requestor : Phyllis J. Harden  
Policy/Claim # : H-493029 H-538069  
Claimant Name : Chris Kearney  
Claim Category : Life and Health  
Claim Type : Continuance of Disability  
Bill Date : 12/22/99

**Statement Information**

**ICS Order No. : 009199911093621**

Investigative : \$87.08  
Flat Rate : \$110.00  
Expenses : \$26.20

**Tax : \$13.80**

**Total : \$237.08**

Please remit payment to the following address :

**International Claims Specialists**  
P. O. Box 911487  
Dallas, TX 75391-1487  
Attention : ICS Account Receivable  
Federal Tax ID # : 75-2715237

Please remit with payment :

Bill Date : 12/22/99

ICS Order Number : 009199911093621  
ICS Account Number : 502110000  
Account Name : Jefferson Pilot Life Insurance  
Policy/Claim # : H-493029 H-538069  
Case Name : Chris Kearney

**Total Bill : \$237.08**

2998



**International Claims Specialists**  
Continuance of Disability Report

Confidential Report



Acct # 50211	Claim # H-493029 H-538069	Requester: Phyllis J. Harden
Date 12-22-99	Report from: Cleveland, Ohio	Telephone: 800-765-1621 Fax: 440-816-2923
Report on: Kearney, Chris	Date of loss: 2-5-93 Occupation: Owner	Nature of Disability: Major depression
Date of birth Redacted	Employer: Kenwood Technology	Date(s) of Investigation: 12-1-99
Status: final	Claim History: none	
1. If rural address, tell how to reach home of claimant. Give street number, if available, otherwise, give directions.		1. n/a
2. A. If claimant interviewed, give date and time seen.  B. How was claimant dressed & what was he/she doing?  C. Describe appearance-height, weight, movement/activities observed, any restrictions/limitations, obvious signs of disability, any indication of work activity, etc.  D. List all persons present during claimant interview.		2A 12-1-99 1:00 PM  B. sweatshirt/slacks/tennis shoes  C. 5'7", 160 pounds  D. none
3. A. If claimant not seen, give date and time of attempt(s).  B. When was the last time the claimant was seen by source(s)?		3 A -  B. -
4. Is claimant doing any work for pay?  If "Yes": A. For whom (name & address) is he/she working?  B. Give exact date full-time work was resumed.  C. Give exact date part-time work was resumed.  D. What is present monthly income?  E. Have duties changed from usual duties prior to disability?  F. Monthly income prior to disability.		4. yes  A. Kenwood Technology Group  B. 11-98  C. n/a  D. \$2,000 per year  E. mostly inside, some customer contacts  F. \$100,000

Dictate Employment Paragraph

Answer the remaining questions only if claimant has not returned to work

5. A. Give name & address of attending physician(s).  B. Give date last seen by physician.  C. Frequency of visits  D. List all treatment and medication(s).  E. Has any physician told claimant when he/she may return to work? If so, when? Give name of doctor who has so stated.	5 Donna McClure, PhD  B. 2 weeks  C. 2-3 times per month  D. remarks  E. unknown at this time	2999
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"Committed To Consistent Quality Service"

Name: Kearney, Chris  
Account Number: 50211

Page 2

F. Is former employer holding job open?	F. Self employed
G. When does claimant expect to return to work?	G. Unknown
H. If no date is set, does claimant expect to return?	H. Unknown
6. A. Is claimant confined to hospital or bed at home?  Please explain claimant's daily activities:  1. Morning hours  2. Afternoon hours  3. Evening hours  B. Please explain in detail what limitations and restrictions claimant's doctor has placed on him/her.  C. Does claimant have a valid driver's license? If yes, show number. If no, why not?  D. Is claimant capable of driving a motor vehicle? If yes, how often and where does claimant drive? If no, why not?	6A. no  1 at home, prepares breakfast, phone/computer work 2. in office at home, walks dogs 2 times a day 3. TV/rest B cannot handle stress C yes D. yes, 4-5 times per week

**Cover additional activities information in activities paragraph**

7. If any of the following incomes are developed, give full information in the Income paragraph. Provide name and address of case-workers, periods of coverage, amounts of income, SSN, self-employed, cover in special attention paragraph.

A. UNEMPLOYMENT BENEFITS? No	AMOUNT	DATE STARTED	
B. SOCIAL SECURITY? No	AMOUNT	DATE STARTED	SSN
C. WORKER'S COMPENSATION? No	AMOUNT	NAME OF CO.	BEGIN
D. DISABILITY INS. COVERAGE? No	AMOUNT	NAME OF CO.	BEGIN
E. MAJOR MEDICAL COVERAGE? Yes	NAME OF COMPANY Golden Rule		
F. Action against a 3rd party or no-fault benefits (e.g., resulting from an auto accident)? No	3rd PARTY	NAME OF COMPANY	
G. Other (employment of spouse or other family member, welfare, pension, investments).  No	SOURCE	AMOUNT	
H. Who is your accountant & what is his/her address? Does not have an accountant  none	NAME	ADDRESS	

"Committed to Consistent Quality Service"

3000

Name: Kearney, Chris  
 Account Number: 50211

Page 3

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8. Income: Provide full details in Section #7 when there was a YES response.

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See remarks below

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9. Medical: Interview doctor when requested. If doctor interview not requested, develop information from the claimant. Explain any information developed in Section #5. Use this space to complete list of physicians, treatments and medication. Give name and address of each source. If sources provided conflicting information, identify who said what.

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The claimant is on disability due to depression and medications include Serzone 200 milligrams, one tablet twice per day, Calprozylm 5 milligrams, one tablet two times per day for anxiety, Effexor 150 milligrams, one per day. He is under the care of Dr. Donna McClure, PhD Psychology of Columbus, Ohio and sees her approximately two to three times per month. His family doctor is Dr. Martin Lehbauer, 608 Reading Road, Mason, Ohio. His disability began in 2-93 when he suffered back pain. He underwent back surgery in 4-93 and he was diagnosed with depression in mid 1993. The main disability is due to depression.

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10. Claimant's expectations for returning to work: Interview claimant if feasible. Contact other source(s) when claimant is not interviewed. Give name and address of each source. If conflicting information provided by sources, identify who said what.

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The claimant was contacted on an unannounced basis on 11-29-99 and indicated that he would prefer to be seen by appointment. He was provided with a business card and scheduled an appointment for 12-1-99. On 11-29-99 the claimant was wearing jeans, sweatshirt, and tennis shoes. He is approximately 5'7" and weighs 160 pounds. On 12-1-99 he was wearing jeans, tennis shoes, and sweatshirt. He presents a well nourished appearance and has no visible impairments.

The claimant said he advised Jefferson Pilot Life Insurance Company that he has returned to work and formed a company, the Kenwood Technology Group. He has an office located at 4025 Redbank Road, Cincinnati, Ohio 45227. He does not go to the office/warehouse location and conducts the business from his home. He spends time on the telephone, and works at the computer. The company is involved in design and production of special machinery and equipment. He works approximately 30 hours per week, spending most of the time at home with occasional contact in the Cincinnati area with customers. His income for 1999 will be approximately \$2,000. His income for 1998 was approximately \$6,000. He indicated he has provided Jefferson Pilot with all income information. He said Jefferson Pilot is fully aware he is working on a part time basis approximately 30 hours per week. His income is from this policy and earnings from Kenwood Technology Group. He has no other income.

The claimant is working approximately 30 hours per week and is involved in design of specialty equipment. He works at a computer and spends most of his time at home at the desk doing computer work. He is involved in drafting, engineering, and some light assembly work of specialty equipment. He has not been to his office and warehouse location on Redbank Road more than three or four times. He insisted a visit be paid to the office site to verify that no one is there. The claimant does not know when, or if, he will make this business work on a full time basis. He puts in approximately 30 hours per week working on special projects, however, due to his depression he cannot become fully active in the operation of the business. He does not know when he will return to a normal full time schedule.

3001

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"Committed to Consistent Quality Service"

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Name: Kearney, Chris  
Account Number: 50211

Page 4

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AUL HAMMELL  
PAUL HAMMELL SALES  
4025 RED BANK ROAD #104  
CINCINNATI, OHIO  
11-29-99

This source does not know Chris Kearney and indicates that he has never seen anyone in the area of Kenwood Technology, which is next door to his business. He knows nothing about the business.

JUDY GALLIGHER  
CINCINNATI COMMERCIAL  
4025 REDBANK ROAD  
CINCINNATI, OHIO 45227  
11-29-99

This source is the landlord for the building and indicated Mr. Kearney was on a six month lease from 5-99 to 11-99 and has recently extended the lease to 4-00. She verified the rent is paid on time. She provided no additional information.

UNIDENTIFIED FEMALE (NAME REFUSED)  
APPROXIMATELY 30 YEARS OF AGE  
2<sup>ND</sup> FLOOR 3218 GLENGYLE AVENUE  
CINCINNATI, OHIO 45208  
11-29-99

This source advised Mr. Kearney resides on the first floor and would provide no additional information.

The claimant spends most of his time at home. He is able to prepare his own meals, spends time at his desk and computer. He is involved in design of machinery and contact with customers by phone. He leaves the house two or three times per day to walk his two dogs, this is a 20 minute walk in his neighborhood. He drives his car and spends evenings relaxing and watching television. He has a girlfriend and she visits him frequently. He lives alone. The claimant is upset and concerned that he is going to be followed by someone and he requests that no one follow or contact his girlfriend. The claimant states he has provided information to Jefferson Pilot regarding his employment and income and will continue to do so at their request.

The claimant had a tape recorder and recorded the interview. His apartment is somewhat cluttered. He lives in a two family house in a neighborhood of mostly two family homes and his dining room is an office with a desk, computer, fax machine, and copy machine.

On 11-29-99 when a visit was made to the Kenwood Technology Group, 4025 Redbank Road, there was no one at this business and from looking inside the windows it appears no one has been at the business for several days.

M. P. Conlon  
Claims Consultant  
djs

3002

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"Committed to Consistent Quality Service"

REQUEST TO  
EXPEND FUNDS

NC 17:14:14

## COMPANY

- ☐ 01 Jefferson Pilot LifeAmerica Ins. Co.  
☒ 02 Jefferson-Pilot Life Ins.  
☐ 06 First Alexander Hamilton  
☐ 15 Alexander Hamilton Life Ins.  
☐ 20 Jefferson Pilot Securities Corp.  
☐ 30 Hampshire Funding Inc.  
☐ 51 Jefferson Pilot Financial Ins. Co.

REQUEST DATE

29-Dec-99

AMOUNT OF CHECK

\$237.08

SOURCE CODE

1312

STATE

TAX IDENT #

1099

OH

75-2715237

POLICY NUMBER

H-493029

## PAYEE NAME AND ADDRESS

International Claims Specialists  
 P O Box 911487  
 Dallas, TX 75391-1487

## ALTERNATE MAILING INSTRUCTIONS

## MESSAGE TO APPEAR ON CHECK STUB

Christopher Kearney H-493029  
 H-538069

GL ACCOUNT	CENTER	DEBIT	CREDIT	DESCRIPTION/REFERENCE
8236000	5315	237.08		

PREPARED BY

*Shylis J. Harden* 12-29-99  
 Signature Date  
 Ordinary Claims 4922  
 Department Ext

AUTHORIZED BY

*Sharyn Balkcom* 12/29/99  
 Signature Date  
 Sharyn Balkcom  
 Printed/Typed Name of Authorizer

Distribution: White - Treasury; Yellow - Preparer  
 Original Document Required in Treasury

3004

FROM :

FAX NO. :

May. 30 1999 03:05PM P1

## FAX MESSAGE

Date: 12-02-99  
To: Jefferson Pilot  
Phyllis Harden  
Phone:  
Fax: 336-691-3938

From: Chris Kearney  
Phone: 513-321-2434  
Fax: 513-321-~~2299~~

COPY

Pages: 3

4254

Subject: Policy #H-493029, H-538069

Ms. Harden:

Please process the following claim report. I am mailing the originals to you today.

Thank you,

Chris Kearney

*Ms. Harden:*

*Please deduct next day service<sup>2</sup>  
expedite delivery of the checks*

*Nice talking with you today - you  
have eased my mind somewhat with  
regard to your investigator who stopped by.*

*Thank you,*

*Chris Kearney*

3005

DEC 03 1999 12:11

PAGE.01



*International Claims Specialists*

Islander Park Two  
7530 Lucerne Drive, Suite 100  
Middleburg Heights, OH 44130  
Phone: 440-816-2913  
Phone: 800-765-1621  
Fax: 440-816-2923

November 9, 1999

Ms. Phyllis Harden  
Jefferson Pilot Life Insurance  
PO Box 21008  
Greensboro, North Carolina 27420

**RE: CHRIS KEARNEY**  
**Claim/Policy #: H-493033329 H-538069**

Dear Ms. Harden:

This will acknowledge our receipt of information regarding handling of the above. Thank you for using the services of "International Claims Specialists". This investigation has been assigned to Michael Conlon in the Cleveland, Ohio office.

Charges will be at our usual rate. Initial limit will be \$160.00 plus mileage, and tax. This will not be exceeded without your approval.

Mr. Conlon will keep you advised of the progress and/or any delays. Documents will be sent as obtained from sources. Status will be sent on or before 12-8-99.

In the interim, if we can be of further assistance regarding this or any other investigative matter, please advise.

Sincerely,

Kathy Miller  
Claim Director

KM/djs

cc: Rene Hinote, Charlotte, North Carolina

*Handwritten initials and date: 11-18-99*

**International Claims Specialists** Investigation Inquiry

Disability Claims		Death Claims
<input type="checkbox"/> Disability Claim (204)	<input type="checkbox"/> Disability Update (214)	<input type="checkbox"/> Death Claim-Accidental (201)
<input type="checkbox"/> Accident Claim (206)	<input type="checkbox"/> Comp. Claim Interview (215)	<input type="checkbox"/> Death Claim-Contestable (202)
<input type="checkbox"/> Sickness Claim (207)	<input type="checkbox"/> Annuitant/Pensioner [Str] (219)	<input type="checkbox"/> Disappearance (203)
<input type="checkbox"/> Cont. of Disability "COD" (208)	<input type="checkbox"/> Activities Check (223)	<input type="checkbox"/> Limited Pointed Death (220)
<input type="checkbox"/> Hospital/Physician (209)	<input checked="" type="checkbox"/> Cont. Disab. Report "CDR" (227)	<input type="checkbox"/> Death Verification (221)
<input type="checkbox"/> Limited Pointed Health Claim (210)	<input type="checkbox"/> Annuitant/Pensioner [Tel] (229)	<input type="checkbox"/> Modified Contestable Death (228)
<input type="checkbox"/> Claimant Statement (211)		
<input type="checkbox"/> Other _____		

Company Name: Jefferson-Pilot Life Insurance Acct. #: 50211Date: 11-3-99 Claim/Policy #: H-493029 & H-538069Requestor: Phyllis J. Harden Phone#: (336) 691-4922 Fax#: (336) 691-4254Insured/Claimant: Chris KearneyAddress: RedactedPhone Number: (513) 321-2434 DOB: Redacted SS# [REDACTED]Employer: Kenwood Technology Group, Inc. Occupation: Self-EmployedEmployer Address: 2692 Madison Rd., Cincinnati, OH Employer Phone#: \_\_\_\_\_Type of Insurance: Disability Income/Residual Amount: \$3905.00 & \$2,272.00Date Insured: 5-28-90 & 5-28-91 Date of Death/Disability: 2-5-93Cause of Death/Disability: Major DepressionDetails of Death/Disability: Insured has started a new company and is working claiming that he makes \$0

Beneficiary: \_\_\_\_\_

Attorney Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

Name of Doctor/Hospital: Donna Judd-McClure, PhDAddress: 5415 Victoria Park, Columbus, OH

Name of Doctor/Hospital: \_\_\_\_\_

Address: \_\_\_\_\_

**Special**Instructions: Please conduct a routine activities check, possibly checking at his office first.